



Acknowledgement of Notice of Privacy Practices Form

I have been provided a copy of this Office's *Notice of Privacy Practices* ("Notice"), which describes how my health information is used and shared. The notice of privacy practices can also be accessed online at premierdentalofbranchburg.com/privacy. I understand that Premier Dental of Branchburg has the right to change this *Notice* at any time in order to remain updated with current privacy practices.

A current copy can be obtained by contacting the Office's HIPAA Compliance Officer at any time or logging onto premierdentalofbranchburg.com/privacy.

Questions and Complaints - If you believe your privacy rights have been violated; you may file a complaint with our Office.

To file a complaint with the Practice, contact our Office at (908) 575-0990 and we will direct you on how to fill out an office complaint. All complaints must be submitted in writing and all shall be investigated without repercussion or penalties to you.

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

Signature of Patient or Personal Representative: _____

Patient Name: _____

Name of Personal Representative (if applicable): _____

Date: _____

Acknowledgement of Notice of Privacy Practices Form

For Facility Use Only: Complete this section if you are unable to obtain a signature.

1. If the resident or personal representative is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

2. Describe the steps taken to obtain the resident's (or personal representative's) signature on the *Acknowledgement*:

Completed by	
Signature of Facility Representative	
Date	